

## UNITED STATES DISTRICT COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,  
Plaintiff,  
  
*Austin Paperney*  
Defendant/Material Witness.

CASE NUMBER: Cr 07-00060  
COMPLAINT:  INDICTMENT / INFORMATION:  
VIOLATION OF TITLE: 18 SECTION: 371

PERSONAL RECOGNIZANCE (Signature only - no dollar amount)

UNSECURED APPEARANCE BOND IN THE AMOUNT OF \$ 100,000 RELEASE No. \_\_\_\_\_

APPEARANCE BOND IN THE AMOUNT OF \$ \_\_\_\_\_

WITH CASH DEPOSIT (AMOUNT OR %) \_\_\_\_\_

WITH AFFIDAVIT OF SURETY NO JUSTIFICATION (Form CR-4)  
\_\_\_\_\_

WITH AFFIDAVIT WITH JUSTIFICATION OF SURETY (Form CR-3)  
\_\_\_\_\_

WITH DEEDING OF PROPERTY

COLLATERAL BOND IN AMOUNT OF (Cash or Negotiable Securities) \$ \_\_\_\_\_

CORPORATE SURETY BOND IN AMOUNT OF (Separate Form Required) \$ \_\_\_\_\_

ADDITIONAL REQUIREMENTS:  
 BAIL FIXED BY COURT CR  ALL REQUIREMENTS HAVE BEEN MET: CR  
*Deputy Clerk* *Deputy Clerk*

RELEASE TO PRETRIAL ONLY  
 FORTHWITH RELEASE  
 ALL CONDITIONS OF BOND  
SHALL BE MET AND BOND  
POSTED BY: \_\_\_\_\_

*Date*

## PRE-CONDITIONS TO RELEASE

Bail is subject to Nebbia hearing which is a hearing to inquire about the source of the collateral.  
 The Nebbia hearing can be waived by the government.

## ADDITIONAL CONDITIONS OF RELEASE

In addition to the GENERAL CONDITIONS OF RELEASE, as specified on other side, the following conditions of release are imposed upon you:

Defendant shall submit to:  Pretrial Supervision,  Intensive Pretrial Supervision.

Surrender all passports to the ~~Court~~ ~~PSA~~, or sign a declaration no later than, \_\_\_\_\_ and not apply for the issuance of a passport during the pendency of this case.

Travel is restricted to: CD/CA DC

Do not enter premises of any airport, seaport, railroad, or bus terminal which permits exit from the Continental U.S. or area of restricted travel without Court permission.

Reside as approved by PSA and do not relocate without prior permission from PSA.

Maintain or actively seek employment and provide proof to PSA.

Maintain or commence an educational program and provide proof to PSA.

Avoid all contact, directly or indirectly, with any person who is or who may become a victim or potential witness in the subject investigation or prosecution, including but not limited to: \_\_\_\_\_

Not possess any firearms, ammunition, destructive devices, or other dangerous weapons.  In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.

Not use/possess any identification other than in your own legal name or true name.  In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the U.S. Marshal.

Not use alcohol.

Not use or possess illegal drugs.  In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.

Submit to drug [and/or] alcohol testing and outpatient treatment as directed by PSA. You shall pay all or part of the cost for testing and treatment based upon your ability to pay as determined by PSA.

Participate in residential drug [and/or] alcohol treatment as deemed necessary by PSA. You shall pay all or part of the cost for treatment based upon your ability to pay as determined by PSA.  Release to PSA only.

Participate in mental health evaluation, and/or counseling and/or treatment as directed by PSA. You shall pay all or part of the costs based upon your ability to pay as determined by PSA.

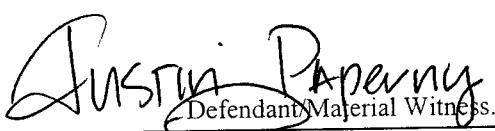
Defendant Initials J. P. Date 2/12/07

ORIGINAL - YELLOW COPY

PINK- PRETRIAL SERVICES

WHITE - DEFENDANT COPY

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Austin Paperny  
Defendant Material Witness.

CASE NUMBER:

CR07-00060

Participate in one of the following home confinement program components and abide by all requirements of the program which [ ] **will** or [ ] **will not** include electronic monitoring or other location verification system. You shall pay all or part of the cost of the program based upon your ability to pay as determined by PSA.

[ ] **Curfew.** You are restricted to your residence every day: [ ] from \_\_\_\_\_ to \_\_\_\_\_ . [ ] as directed by PSA.

[ ] **Release to PSA only.**

[ ] **Home Detention.** You are restricted to your residence at all times except for employment; education; religious services; medical, substance abuse, or mental health treatment; attorney visits; court-ordered obligations; or other activities as pre-approved by PSA. [ ] **Release to PSA only.**

[ ] **Home Incarceration.** You are restricted to your residence at all times except for medical needs or treatment; religious services; and court appearances as pre-approved by PSA. [ ] **Release to PSA only.**

Not possess or have access to, either in the home, the workplace, or any other location, any device which offers Internet access, except as approved by PSA. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.

Not associate or have verbal, written, telephonic, or electronic communication with any person who is less than the age of 18 except in the presence of another adult who is the parent or legal guardian of the minor.

Not loiter/be found within 100 feet of any school yard, park, playground, arcade, or other place primarily used by children under the age of 18.

Not be employed by, affiliate with, own, control, or otherwise participate directly or indirectly in conducting the affairs of any daycare facility, school, or other organization dealing with the care, custody, or control of children under the age of 18.

Not view or possess child pornography or child erotica. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property, including computer hardware and software, by Pretrial Services in conjunction with the US Marshal.

Other conditions: \_\_\_\_\_

2/12/07

Date



Austin Paperny  
Defendant Material Witness' Signature

818-907-1606

Telephone Number

Studio City, Ca

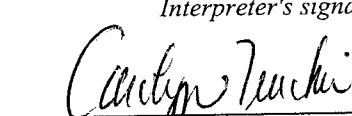
City, State And Zip Code

**Check if interpreter is used:** I have interpreted into the \_\_\_\_\_ language all of the above conditions of release and have been told by the defendant that he or she understands all of the conditions of release.

Interpreter's signature

Date

Approved:



Carolyn Tucker

United States District Judge / Magistrate Judge

2/12/07

Date

If Cash Deposited: Receipt # \_\_\_\_\_

For \$ \_\_\_\_\_

(This bond may require surety agreements and affidavits pursuant to Local Criminal Rules 46-3.2 and 46-6)

ORIGINAL - YELLOW COPY

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WHITE - DEFENDANT COPY